

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:45

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : ADA Office of Applied Studie
Start Date : 01-JAN-90
End Date :
Follow-up :

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field		System		<u>New Jersey</u>
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
1	System Transaction Type	-	System Transaction Type Added to Each Record	
K 2	State Code	NJ	FIPS Code Added to Each Record	
3	Reporting Date	-	Month and Year of Submission Added to Each Record	

Crosswalk Report

OPSS\$PCUMMING

Page 3 of 15

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field Item		Minimum	<u>New Jersey</u>	
No.	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	01	Provider Number	
K 2	Client Identifier (Admission)	2,3,4	Case Number, Sex, Birthdate	
K 3	Co-Dependent/Collateral	07	Client Type	
	2 No		1	Alcohol/Drug Abuser
	1 Yes		2	Parent
	1 Yes		3	Spouse
	1 Yes		4	Child
	1 Yes		5	Other Relative
	1 Yes		6	Non Family
K 4	Client Transaction Type	-	-	
	A Initial Admission		A	Initial Admission
	T Transfer/Change in Service		T	Transfer/Change in Service
K 5	Date of Admission	06	Admission Date	
6	Number of Prior Treatment Episodes	23	Number of Past Drug/Alcohol Treatment Episodes	
	0 0		0	0
	1 1		1	1
	2 2		2	2
	3 3		3	3
	4 4		4	4
	5 Or More		5-98	5-98
	7 Unknown		99	99

Crosswalk Report

OPSS\$PCUMMING

Page 4 of 15

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

New Jersey

Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
7	Principal Source of Referral	22	Referral Source
01	Individual (includes self-referral))	01	Self
01	Individual (includes self-referral))	02	Family/Friend
02	Alcohol/Drug Abuse Provider	03	Alcohol/Drug Treatment Agency/Practitioner
07	Court/Criminal Justice/DUI/DWI	04	Criminal Justice System/Police
07	Court/Criminal Justice/DUI/DWI	05	IDRC/IDP
03	Other Health Care Provider	06	Hospital/Other Health Care Facility
03	Other Health Care Provider	07	Community Mental Health/Counseling Service
03	Other Health Care Provider	08	Physician/Psychiatrist
05	Employer/EAP	09	Employer/EAP
04	School (Educational)	10	School
06	Other Community Referral	11	DYFS
06	Other Community Referral	12	Other Social Service Agency
06	Other Community Referral	13	Self-Help Group
06	Other Community Referral	14	Service Force
97	Unknown	15	Other
8	Date of Birth	04	Birthdate
9	Sex	03	Sex
2	Female	F	Female
1	Male	M	Male

Crosswalk Report

OPSS\$PCUMMING

Page 5 of 15

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

New Jersey

Item No.	Treatment Episode Data Set	Item	Value	State System Data
10	Race	16	Race	
01	Alaska Native (Aleut, Eskimo, Indian)	1	Alaskan Native	
02	American Indian (Other than Alaskan Native)	2	American Indian	
03	Asian or Pacific Islander	3	Asian/Pacific Islander	
04	Black or African American	4	Black	
05	White	5	White	
20	Other	6	Other	
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			
11	Ethnicity	17	Indicate Hispanic Origin	
01	Puerto Rican	1	Puerto Rican	
02	Mexican	2	Mexican	
03	Cuban	3	Cuban	
04	Other Specific Hispanic	4	Other Hispanic	
05	Not of Hispanic Origin	5	Not of Hispanic Origin	
12	Education	19	Highest Grade Completed	
13	Employment Status	21	Employment Status	
01	Full Time	1	Employed Full-Time	
02	Part Time	2	Employed Part-Time	
03	Unemployed	3	Unemployed - Seeking Work	
04	Not in Labor Force	4	Not in Labor Force	
97	Unknown	9	Not Assessed	

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

New Jersey

Item

Item

No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	27A	Drugs Abused - Drugs, Primary, Secondary, Tertiary
02	Alcohol	A	Alcohol
05	Heroin	B	Heroin
06	Non-Prescription Methadone	C	Non-Prescription Methadone
07	Other Opiates and Synthetics	D	Other Opiates or Synthetics
03	Cocaine, Crack	E	Crack/Cocaine
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	F	Marijuana/Hashish
10	Methamphetamine	G	Methamphetamine
11	Other Amphetamines	H	Other Amphetamines
12	Other Stimulants	I	Other Stimulants
13	Benzodiazepine	J	Benzodiazepines
14	Other Tranquilizers	K	Other Tranquilizers
15	Barbiturates	L	Barbiturates
16	Other Sedatives or Hypnotics	M	Other Sedatives or Hypnotics
08	PCP	N	PCP
09	Other Hallucinogens	O	Other Hallucinogens
17	Inhalants	P	Inhalants
18	Over-the-Counter	Q	Over-The-Counter
20	Other	R	Other

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiart-15C)	27A	Drug Abused - Route of Administration
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Intramuscular/Sub-Cutaneous
04	Injection (IV or intramuscular)	5	Intravenous

Crosswalk Report

OPSS\$PCUMMING

Page 7 of 15

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

New Jersey

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	27A	Drugs Abused - Frequency
01	No past month use	1	Not Used in Past Month
02	1-3 times in past month	2	Less than Weekly
03	1-2 times per week	3	1-2 Times per Week
04	3-6 times per week	4	3-6 Times per Week
05	Daily	5	Daily
05	Daily	6	2 or More Times per Day
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	27A	Drugs Abused - Age Of First Use
97	Unknown	99	Unknown

K 18	Type of Services	08	Treatment Setting at Intake (Admission/Discharge)
01	Hospital Inpatient (Detox, 24 hour Service)	10-14	Hospital Detox/IMU
02	Free-standing Residential (Detox, 24 hour Service)	15-19	Residential Detox
03	Hospital (other than detox)	20-24	Short-Term Residential
03	Hospital (other than detox)	25-29	Therapeutic Community/Long Term Residential-hospital
05	Long-term, (more than 30 days)	25-29	Therapeutic Community/Long-Term Residential
05	Long-term, (more than 30 days)	30	Extended Care
07	Non-Intensive Outpatient	40-48	Outpatient Care
07	Non-Intensive Outpatient	49	Methadone Maintenance
06	Intensive Outpatient	50-58	Intensive Outpatient
08	Ambulatory Detoxification	59	Outpatient Detox
05	Long-term, (more than 30 days)	60-64	Halfway House

No longer effective as of: 12-31-1998

Crosswalk Report

OPSS\$PCUMMING

Page 8 of 15

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

New Jersey

Item

Item

No. Treatment Episode Data Set

Value

State System Data

K 18 Type of Services		08	Treatment Setting at Intake (Admission/Discharge)	
01	Hospital Inpatient (Detox, 24 hour Service)	10-14	Hospital Detox/IMU	
02	Free-standing Residential (Detox, 24 hour Service)	15-19	Residential Detox	
03	Hospital (other than detox)	20-24	Short-Term Residential	
04	Short-term, (30 days or fewer)	20-24	Short-Term Residential	
03	Hospital (other than detox)	25-29	Therapeutic Community/Long Term Residential-hospital	
05	Long-term, (more than 30 days)	25-29	Therapeutic Community/Long Term Residential-hospital	
05	Long-term, (more than 30 days)	30	Extended Care	
07	Non-Intensive Outpatient	40-48	Outpatient Care	
07	Non-Intensive Outpatient	49	Methadone Maintenance	
06	Intensive Outpatient	50-58	Intensive Outpatient	
08	Ambulatory Detoxification	59	Outpatient Detox	
05	Long-term, (more than 30 days)	60-64	Halfway House	

19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	09	Is Use of Methadone Planned as Part of Treatment	
1	Yes	1	Yes	
2	No	2	No	

Crosswalk Report

OPSS\$PCUMMING

Page 9 of 15

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field
Item

Optional

New Jersey

No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	13A	Significant Problems and Conditions	
	1 Yes		1 Yes	
	2 No		2 No	
6	Pregnant at Time of Admission	13F	Significant Problems and Conditions at Admission-Pregnancy	
	1 Yes		1 Yes	
	2 No		2 No	
7	Veteran Status	-	Not Collected	

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

New Jersey

Item No.	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	12	Living Arrangements	
03	Independent Living	A	Alone (Not Homeless)	
01	Homeless	A,K	Alone, Homeless	
03	Independent Living	B	With Children (Not Homeless)	
01	Homeless	B,K	With Children, Homeless	
02	Dependent Living	C	With Sibling(s)	
02	Dependent Living	D	With Parent(s)	
03	Independent Living	E	With Spouse (Not Homeless)	
01	Homeless	E,K	With Spouse, Homeless	
03	Independent Living	F	Living As Married (Not Homeless)	
01	Homeless	F,K	Living as Married, Homeless	
02	Dependent Living	G	With Foster Parent(s)	
02	Dependent Living	H	With Other Relative(s)	
03	Independent Living	I	With Friends (Not Homeless)	
01	Homeless	I,K	With Friends, Homeless	
02	Dependent Living	J	In Group Quarters	
9	Source of Income/Support	-	Not Collected	
10	Health Insurance	25A	Health Coverage	
21	None	00	None	
03	Medicare	01	Medicare	
04	Medicaid	02	Medicaid	
02	Blue Cross/Blue Shield	03	Blue Cross/Blue Shield	
01	Private Insurance (other than BCBS or HMO)	04	Commercial Insurance	
06	Health Maintenance Organization (HMO)	05	HMO	
20	Other (e.g. TriCare, Champus)	98	Other	
97	Unknown	99	Unknown	

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

New Jersey

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

11	Expected/Actual Primary Source of Payment	26A	Reimbursement Source
08	No Charge (Free, Charity, Special Research or Teaching)	00	None
03	Medicare	01	Medicare
04	Medicaid	02	Medicaid
02	Blue Cross/Blue Shield	03	Blue Cross/Blue Shield
07	Other Health Insurance Companies	04	Commercial
07	Other Health Insurance Companies	05	HMO
05	Other Government Payments	06	DYFS
05	Other Government Payments	07	Division of Vocational Rehab.
05	Other Government Payments	08	Municipal Welfare
05	Other Government Payments	09	County/State Contract
01	Self-Pay	10	Self-Pay
09	Other	98	Other

12	Detailed Not in Labor Force	-	Not Collected
----	-----------------------------	---	---------------

13	Detailed Criminal Justice Referral Categories	13	Legal Status
98	Not Collected	98	-
01	State/Federal Court	B	Case Pending (Criminal)
03	Probation/Parole	C	Probation
03	Probation/Parole	D	Parole
07	DUI/DWI	E	DWI License Suspension
06	Prison	F	Jail/Prison Inmate
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board	G	DYFS/Family Court Case
08	Other	H	Other

No longer effective as of: 12-31-1998

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

New Jersey

Item No.	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	13	Legal Status	
98	Not Collected	A	Not Criminal Justice Referral	
01	State/Federal Court	B	Case Pending (Criminal)	
03	Probation/Parole	C	Probation	
03	Probation/Parole	D	Parole	
07	DUI/DWI	E	DWI License Suspension	
06	Prison	F	Jail/Prison Inmate	
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board)	G	DYFS/Family Court Case	
08	Other	H	Other	
14	Marital Status	18	Marital Status	
01	Never Married	1	Never Married	
02	Now Married or Cohabiting	2	Married	
05	Widowed	3	Widowed	
03	Separated (legally or otherwise absent)	4	Separated	
04	Divorced	5	Divorced/Annulled	
97	Unknown	9	Not Assessed	
15	Days Waiting to Enter Treatment	-	Not Collected	

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge

New Jersey

Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	01	Provider Number	
105	Client Identifier - (At Discharge)	2,3,4	Case Number, Sex, Birthdate	
106	Co-Dependent/Collateral At Discharge	A8	Client Type.	
2	No	1	Alcohol/Drug User	
1	Yes	2	Parent	
1	Yes	3	Spouse	
1	Yes	4	Child	
1	Yes	5	Other Relative	
1	Yes	6	Non-Family	
109	Service at Discharge	08	Treatment Setting at Intake (Admission/Discharge)	
01	Hospital Inpatient	10-14	Hospital Detox/IMU	
02	Free-Standing Residential	15-19	Residential Detox	
03	Hospital (Other than Detox)	20-24	Short-Term Residential	
03	Hospital (Other than Detox)	25-29	Therapeutic Community/Long Term Residential-hospital	
05	Long-Term, >30 days	25-29	Therapeutic Community/Long-Term Residential	
05	Long-Term, >30 days	30	Extended Care	
07	Outpatient	40-48	Outpatient Care	
07	Outpatient	49	Methadone Maintenance	
06	Intensive Outpatient	50-58	Intensive Outpatient	
08	Detoxification	59	Outpatient Detox	
05	Long-Term, >30 days	60-64	Halfway House	
146	Date of Last Contact	-	Not Collected	

Crosswalk Report

OPSS\$PCUMMING

Page 14 of 15

New Jersey's Treatment Episode Data Set
Version : 1

K = Key Field
Item

Discharge
Item

New Jersey

No.	Treatment Episode Data Set	Value	State System Data
-----	----------------------------	-------	-------------------

147	Date of Discharge	10	Discharge Date
------------	--------------------------	-----------	-----------------------

149	Reason for Discharge , Transfer or Discontinuance of Treatment	13	Reason for Termination
------------	-----------------------------------------------------------------------	-----------	-------------------------------

01	Treatment Complete	1	Treatment plan completed
02	Left Against Professional Advice (Drop Out)	2	Client dropped out
03	Terminated by Facility	3	Admin./Therapeutic Discharge
06	Death	4	Deceased
07	Other	5	Hospitalized-Medical
07	Other	6	Hospitalized-Psychiatric
05	Incarcerated	7	Incarcerated
07	Other	8	Other

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report